

Negotiating Resources for Resilience

(Multi-axial Transactional Assessment Model)

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“In many ways, the field of developmental psychopathology has progressed beyond linear, ‘main effect’ (or traditional) models of development to the delineation of models that incorporate dynamic and complex transactions among constitutional and environmental systems. Such ‘transactional’ models emphasize (the) importance of exploring multiple factors that mediate developmental outcomes, each mediating the effects of the other(.) David Pellegrini, ‘Psychosocial Risk and Protective Factors in Childhood,’ from the Developmental and Behavioral Pediatrics: Volume 11, No. 4, August 1990, Page 206.”

The ABLE Program has developed a transactional model, using a multi-axial measurement system, to provide the community response teams with a vocabulary and a working process. This multi-axial measurement assesses the effect of multiple interventions over time. It measures protection and risk, the effects of solution practices, the impact of clinical syndromes, and distress factors in components of adaptive function—to include creativity, self-direction, coping, and interpersonal relationships.

The multi-axial system is particularly helpful when working with children in families with multiple burdens, including poverty and disability. It assesses a child’s overall well being and daily function in the context of potential change. In a summary overview, it assesses the comprehensive quality-of-life dimensions of child and family systems by examining the following five axes:

Axis I: The Child’s Level of Vulnerability vs. Protection (The Child Assets Scale)

This axis expresses the degree of a child’s vulnerability as well as protection within his or her environment—encompassing such factors as the child’s biological health, temperament and behavior styles, as well as such environmental factors as attachment, family characteristics, and the availability of a community network. It can also be used to evaluate the family unit and its individual members. It looks at both positive (or protective) factors, as well as negative (or risk) factors, to ascertain the origin of presenting problems, and to make clinical hypotheses. Numerically, Axis I is expressed by both the parents, and by the helpers, on separate but similar 1-10 scales. An increase in score suggests a trend towards a positive health change status.

Axis II: The Family’s Current Level of Well Being (Using a Comfort/Hassle Scale)

Axis II expresses, on a 1-10 scale, the degree of comfort and distress in a family’s well-being. It includes sources of stress from psycho-social clinical syndromes, and can be used to evaluate clinical family members as well. The energy of a family’s well-being gives impetus to healthy functioning in everyday activities, as measured in the following Axis III.

Axis III: The Child’s Ability to Adapt and Function in Everyday Life (Using the Daily Strength Scale and the Child’s Strengths Checklist)

Axis III expresses the capacity of a child to function in everyday life—encompassing such factors as the child’s capabilities in academic and leisure activities, as well as in family and social settings. Numerically, it ranges from 1-10, with higher numbers indicating higher levels of functioning. It may also be used to track change over time.

Axis IV: The Family's Capacity for Positive Change
(Using the Confidence in Progress Scale)

Axis IV expresses the child's malleability for making progress, i.e. his or her capacity to respond positively to comprehensive, collaborative, and coordinated primary, secondary, and tertiary prevention practices. The approach is based on the family's resources, its ability to control personal and family goals and desires, and makes use of family interests, natural resources and allies.

Axis V: The Family's Capacity for Resilient Growth

Axis V is the ultimate and cumulative outcome variable. It expresses the family's promise in whatever sense of coherence it has gained from its experience, in this case with the ABLE Program, and by its personal beliefs and significance. It denotes a state or level of personal wholeness, where the family's physical, mental, and social states come together.

The dimensions contained in Axes I through IV combine to produce the culminating dimension found in Axis V. The efficacy of these separate dimensions is in their ability to connect with each other. They bring together the transactional assets of the child's past (Axis I), with the child's present strengths of living (Axis III), and current states of family well-being (Axis II), which in turn mobilizes energy for solutions in several domains of living (Axis IV)—giving birth to new possibilities, outcomes, and ways of daily living for the entire family in the future (Axis V). These regenerative resources, in turn, reflect positively with an expanding impact from child, family, and community onto current bio-social and mental functioning. There are also other resilience resources in family life and culture that are called forth from personal effort. These include hope, faith, a sense of accomplishment, courage, optimism, face- saving, and group harmony—each of which can contribute to and come from an ability to make positive changes.